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AUTHOR Berkman, Sherry L.; Houser, Betsy Bosak
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ABSTRACT

The likelihood of caring for an aging parent has become a reality for many middle-aged Americans. To test the hypothesis that characteristics of both parent and child may result in a strained relationship, male and female children (N=540) of elderly Anglo widows (at least 70 years of age) participated in interviews and completed questionnaires which focused on four areas: (1) filal crisis (defined as increased guilt and intergenerational tension along with decreased intrafamilial affection and intimacy); (2) mother's background; (3) child's background; and (4) filial behaviors. Data analyses indicated that filial crisis was primarily a function of the quality of parent-child contact. Deficiencies in a parent's emotional and physical health as well as the impact of caretaking upon the child's life were also found to have a significant influence. In addition, filial crisis was unrelated to characteristics of the child (i.e., sex, birth order, employment or financial status) or to the amount or frequency of caretaking. These findings are valuable in identifying both populations at risk and ways of improving disturbed parent/adult-child relationships. (AG)

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FILIAL CRISIS AMONG THE ADULT CHILDREN OF THE ELDERLY

Sherry L. Berkman

Betsy Bosak Houser

University of California, Los Angeles

Presented at the Annual Meeting of the National Council on Family Relations
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Abstract

Personal interviews were conducted with 540 Anglo sons and daughters of elderly (at least 70 years of age) Anglo widows to identify the contributions to disturbed relationships between the elderly and their children. As perceived by the children, Filial Crisis (increased guilt and intergenerational tension accompanied by decreased intrafamilial affection and intimacy) is primarily a function of the quality of parent-child contact. Deficiencies in a parent's emotional and/or physical health and the impact of caretaking upon the child's own life were found to exert a significant, although comparatively minimal, influence as well. Furthermore, results indicated that Filial Crisis was generally unrelated to characteristics of the child (e.g., sex, birth order, employment or financial status) or to the amount or frequency of caretaker's behaviors performed by the child.

As life expectancies have increased and the proportion of our elderly population has grown, the likelihood of caring for an aged parent has become a reality for the majority of middle-aged Americans (Blenkner, 1965). Although research indicates that older people wish to remain independent of their families as long as possible, children are still expected to come to their assistance when they are no longer able to manage on their own (Shanas, 1962; Neugarten and Maddox, 1978). And, the offspring of the elderly continue to respond to their needs, providing their parents with economic, service, social and emotional support (Lopata, 1978; Shanas, 1979; Cantor, 1980).

Consequences of Caretaking Activity

Children's perceptions of their own "filial responsibility" and parental expectations of filial obligation are primary motivators of caretaking activities (Seelbach, 1978). In addition, children's perceptions of parental problems and needs also help to define filial responsibilities and subsequent filial activity. However, at times, the perceptions of parent and offspring are inconsistent (Simos, 1973; Mattessich and Mederer, 1980), thereby contributing to strains in parent-child relationships(Wilen, 1979).

Furthermore, the dependency of seniors upon their children for the satisfaction of emotional, physical and financial assistance can produce intergenerational strain and conflict (Blenkner, 1965) as well as reduce the quality of family life (Seelbach, 1978). While some children are able to achieve what Blenkner(1965) calls "filial maturity" (the realization and acceptance of the fact that aging parents may not always be able to offer emotional and economic support to their children, but may in fact require it from them), other children react to the attendant role reversal with feelings of guilt, helplessness, burden, and resentment (Bellak and Karasu, 1976; Hirschfield and Dennis, 1979; Silverstone, 1979).

As the financial, social and health resources of an elderly parent diminish, imbalance in relationships with others is more likely to occur (Dowd, 1975; Johnson and Spouse, 1982). Eventually, children are called upon to provide greater assistance and support

to the parent than they receive, resulting in "role stress" (Miller, 1981), and/or weakened affectional ties (Cicerelli, 1980).

The resulting intergenerational tension and decreased intrafamilial intimacy and affection is termed "filial crisis" (Seelbach, 1978), and is particularly prevalent among the middle-aged. This group, often called "the sandwich generation" is frequently required to cope with the simultaneous and often competing demands of both older and younger kin (Brody, 1981). The performance of required filial duties for the elder parent can produce negative feelings as the parent is increasingly perceived as dependent (Cicerelli, 1981), but also exacts a significant toll upon the lives of the caretakers themselves (Myllyluoma and Soldo, 1980; Cantor, 1981), further contributing to a child's feelings of burden and resentment (Zarit, Reever and Bach-Peterson, 1980).

Certain conditions surrounding the parent's life (e.g., marital status, age, health, financial status) affect parental expectations concerning filial behavior (Adams, 1970; Lopata, 1973; Arling, 1976) and increase the likelihood of parental dependency and intergenerational tension (Dinkel, 1945; Bellak and Karasu, 1976). In addition, various aspects of the child's own background (e.g., sex, birth order, employment status) are also associated with filial expectations, filial behavior (Gray and Smith, 1960; Townsend, 1968; Wake and Sporakowski, 1972; Johnson, 1979; Sharp and Matheson, 1980), and ultimately with children's feelings of guilt (Glasser and Glasser, 1962).

Contributors to Strained Parent-Child Relationships

While research interest in the area of filial expectations and filial behavior has been substantial over the past decade, surprisingly little attention has been paid to crises in parent-child relationships which result from the pressures of caretaking and nonconformity to parental expectations of filial responsibility. This study was undertaken to explore the perceptions of the children of elderly, widowed women concerning filial responsibility, filial behavior and filial crisis. On the basis of previous research, it seemed apparent that variables affecting strains in mature

parent-adult child relationships might be related to at least three basic areas: Mother's Background, Child's Background, and Filial Behaviors. Admittedly, this categorization is quite restrictive in focus; it does not, for example, deal with issues such as previous parent-child relationships, long-standing conflicts, and attitudes toward aging and the elderly. However, it was our intention to avoid retrospective data and to explore those aspects of an aging parent and mature offspring's background as they relate to filial behavior and ultimately, to filial crisis.

It was our hypothesis that particular parental characteristics--advanced age, poor physical and emotional health, inadequate financial resources, widowhood, and solitary living arrangements--are most likely to necessitate filial caretaking behaviors and result in strained filial relationships. In addition, certain characteristics of the child may encourage or impede his/her ability to meet his/her elderly parent's needs, and likewise cause intergenerational tension. For example, we hypothesized that sex and birth order may determine filial behavior due to cultural and familial role expectations, as might attitudes toward familism (the preference to turn to kin rather than to friends or neighbors or governmental agencies for the satisfaction of material and/or emotional needs). Similarly, perceptions of filial responsibility and attitude toward caretaking may be a function of religious affiliation and/or socioeconomic status.

However, other aspects of a child's background may also affect filial activity. Distance from mother, his/her own poor health, inadequate financial resources, lack of familial support, and the demands from spouse, children and employment all may affect relationships between seniors and their offspring. Furthermore, when there are few others available to help meet parental needs, when children experience difficulty in caring for their parents, and when many areas of their lives are negatively impacted by the demands of caretaking, intergenerational tension and conflict can result.

A third major contributor to dysfunctional mature parent-adult child relationships may be the nature of the caretaking behaviors themselves. Included in this area is the amount of caretaking performed(whether on a regular or an occassional basis) and the extent to which actual filial behavior conforms to the expectations of parent and child. Thus, by

using a sample of adult sons and daughters of elderly widowed women, we attempted to determine the impact of these background and behavioral variables upon filial crisis.

Method

Design

Personal interviews were conducted during 1981-82 with 540 Anglo children of elderly (at least 70 years of age) Anglo widows to identify the contributors to disturbed relationships between elderly widows and their children. Approximately half the respondents were sons and half were daughters. The sample was further stratified according to birth order: first-born, middle, last-born, or only child. Personal interviews were combined with self-administered questionnaires to yield data on various aspects of mature parent-adult child relationships.

Sample Selection

Participants for this study were the children of widowed women who participated in, or agreed to participate in, an earlier NIMH-funded project (Beckman and Houser, "Consequences of Childlessness for Older Women"--MH 29201-01). From the data collected during that study, we were able to identify a sample pool of 1,712 women, aged 70 and above, who had one or more living children at the time they were contacted in 1979.

All of these women were contacted during mid-1981 through a three-step procedure. First, a letter describing the purpose of the study and requesting participation was sent to each woman at the address listed on the screening form completed for the earlier study. Those women who failed to respond to this letter were sent a second letter, and if necessary, phoned by a member of the research staff. Each woman was asked to provide us with the names and addresses of her children, and to answer a few questions concerning her own general financial and health status.

Of the women contacted, 64% were eligible for inclusion in the study--they were Anglo widowed women, age 70 and above, with one or more living children. Of those women who were located and were eligible, 58% provided the names and addresses of

their children, for a total of 946 children. All of these children were contacted through the same three-step process. Only 3.4% of the children could not be located. Of those children who could be located, 75.1% (N=692) were eligible (Anglo, with a living, widowed mother, aged 70 or older) and agreed to participate in our study; 7.3% were ineligible due to ethnicity, mother's death, residence outside the U.S., etc. It should be noted that only 17.7% of the referred, located children refused to participate.

Next, since the research design required stratification according to sex and birth order, respondents were randomly selected from the subsample pools in order to produce subgroups as comparable in size as possible. The sample, as shown in Table 1, consisted of 540 sons and daughters. However, it should be noted that due to differential referral rates and the relative scarcity of only children among this cohort, cell sizes were unequal. Furthermore, actual refusal rates per group could not be computed since refusing children often did not provide birth order information. Also, the material provided by the mothers frequently proved to be unreliable, so that children's refusal rates by sex or birth order could not be determined on that basis either.

Insert Table 1 about here

It became apparent during the instrument development phase of the study that the responses of certain individuals might be influenced by a social desirability response bias. Research literature supported the general existence of such a tendency (e.g., Edwards, 1957; Taylor, 1961; Nardi, 1976), and it seemed advantageous to include the MMPI Lie Scale in the instrument to identify and then exclude respondents who exhibited this bias. The MMPI Lie Scale is composed of 15 items which were selected on the basis of face validity according to the work of Hartshorne and May (Marks, Seeman and Haller, 1974). The scale is intended to reflect behavior which is

socially desirable, but rarely true of individuals. Subjects receiving high scores on the scale are perceived to be distorting their responses in order to present themselves in a more socially desirable light (Dahlstrom and Dahlstrom, 1980).

The respondents' scores on the scale generally fell within the "normal" range (1-6 items) for their age group (Swenson, Pearson and Osborne, 1973). However, 1.6% of the sample (N = 41) exhibited scale scores of ≥ 7. Since preliminary analyses indicated a significant positive association between Lie Scale scores and other measures used in the study (e.g., measures of parent-child relationship, familism, and burden of caretaking), we decided to consider these 41 individuals as particularly susceptible to social desirability bias and to exclude them from the sample. However, their elimination did not substantially alter the sex/birth order distribution of the sample. The final sample of 499 individuals was 48% male (N = 240) and 52% female (N = 259). Of the total sample, 29% were first-born, 22% were middle, 30% were last-born and 18% were only children.

Instruments

Sections of the interview schedule and self-administered forms relevant to the present analyses concern four basic areas: filial crisis, mother's background, child's background, and filial behaviors.

Filial Crisis. The major dependent variable was originally measured using two instruments: Stryker's MOPAC Scale (Married Offspring-Parent Adjustment Checklist) and Zarit, Reever and Bach-Peterson's Burden Scale. The MOPAC (Stryker, 1955) was designed to assess adult child-parent relations along four dimensions: affection, intimacy, tension and sympathy (defined in terms of ego-involvement). It is a self-administered questionnaire consisting of 40 true-false items, with ten items reflecting each dimension. Odd-even reliability coefficients, as computed by Stryker, range from .88 to .92 for the four scales. As for content and construct validity, items were selected from a pool of 150 potential items on the basis of high agreement among 10 judges.

The Burden Scale (Zarit et. al., 1980) is a 29-item self-report inventory developed in order to measure the extent of feelings of burden or guilt experienced by primary caregivers of older persons with senile dementia. Questions were selected on the basis of clinical experience and prior research. Respondents indicate the extent of their agreement with each item (from "not at all" to "a great deal") on a four-point scale. According to Zarit (personal communication), the scale has a reliability coefficient of .80. It should be noted that for purposes of this study, the wording of the Burden Scale was revised in order to focus upon the respondent's mother, rather than upon his/her spouse, as in the original instrument. In addition, our own independent analyses indicated a reliability coefficient (Cronbach's alpha) of .89 for the MOPAC and .87 for the Burden Scale.

In order to develop an overall measure of filial crisis, both scales were combined and a factor analysis was computed upon the total series of MOPAC/Burden items. The first factor to emerge accounted for 42.4% of the variance and had an eigenvalue of 13.42, which was at least three times the size of the other eigenvalues, indicating the presence of a general factor. Items loading $\geq$ .50 on the first principal component (i.e. the unrotated factor with the greatest eigenvalue) were those selected to constitute the Filial Crisis measure (see Table 2). The reliability coefficient (Cronbach's alpha) computed on this scale was .92.

Insert Table 2 about here

Mother's Background. Respondents were questioned about several aspects of their mother's background, including her age, her income, the adequacy of her income (measured on a four-point scale from 1= "inadequate to meet her needs" to 4 = "more than adequate to meet her needs"), and the number of years she had been widowed. They were also asked to indicate whether she resided in her own home or in an apartment (or nursing home, etc.), whether she lived alone, and whether she lived with the respondent.

Several items also focused upon mother's physical and emotional health. Using Rosow and Breslau's (1966) Scale, they were asked several questions about her health; a summary index was derived by adding the scores in each of the items. These included respondent's estimate of his/her mother's emotional health relative to others her own age (rated on a four-point scale from 1 = "very poor" to 4 = "very good"), her current ability to remember things (rated on a four-point scale from 1 = "extremely impaired" to 4 = "unimpaired"), whether or not she had a serious illness or accident in the last year, and respondent's estimate of his/her mother's future health (scored from 1 = "likely to get worse" to 3 = "likely to get better").

In addition, an index of mother's physical capacity was derived by asking respondents to indicate their mother's ability to: walk up and down stairs, do her shopping, prepare her meals, do housework, bathe and dress herself, handle her own finances, take her medication, take care of her own toileting, take care of her own treasportation. Each of these activities was rated on a four-point scale ranging from 1 = "not able to without help" to 4 = "able alone without difficulty". The index was obtained by simply summing the values on each item. Finally, respondents were asked to provide an overall assessment of mother's physical health relative to others her own age (on a five-point scale where 1 = "very poor" amd 5 = "very good").

Child's Background. Respondents were surveyed in four basic areas regarding background factors: demographic characteristics, family composition and support, caretaking influences and effects, and social support system. As for general demographic characteristics, respondents indicated their sex, marital status, birth order (first-born, middle, last-born, only), the total number of children they have in their home and their ages, education, religion (Catholic, Protestant, Jewish, Mormon, Other None), and how religious they considered themselves to be (on a 5-point scale where 1 = "not at all religious" and 5 = "very religious"). They were also asked to indicate whether their total yearly family income was greater than or less than $21,000 (the 1980 national average), their actual total household income (in $3,000 intervals from 0 to $60,000 and above), and their satisfaction with their income (judged on a

5-point scale from 1 = "not at all satisfied" to 4 = "very satisfied"). In addition, respondents were asked to indicate the distance between their home and their mother's home in miles, and the length of time it takes them to reach their mother's home by their usual method of transportation (rated on a 6-point scale where 1 = "less than 30 minutes" to 6 = "7 hours or more"). Furthermore, using Rosow and Breslau's Scale again, a summary index of respondent's health was derived by adding the scores on each of the items.

Several questions were also asked about the respondent's family. Respondents were asked to indicate the total number of children in the home and their ages. They were also asked how supportive their spouse and children were toward their helping their mother (based upon a 5-point scale with 1 = "very unsupportive" to 5 = "very supportive"). A summary index of family support was obtained by adding the support rating regarding children's attitude toward respondent's caretaking and the support rating regarding spouse's attitude.

An additional group of variables concerned influences and effects of respondent caretaking. Respondents were asked to indicate the average number of hours per week they spend helping others, including their spouse and children, and to indicate whether helping their mother has affected the following:

"Your performance on your current job?"

"Your ability to perform regular tasks around your home, like cooking, cleaning, laundry?"

"The amount of free time you have?"

"Your vacation plans?"

"Your relationship with your husband/wife?"

"Your relationship with your child(ren)?"

"Your financial situation?"

"Your general physical condition?"

"Your emotional or mental health?"

"Your ability to relax?"

"Your feelings about yourself?"

"Your ability to make future plans, such as job changes, relocation, retirement?"

"Your relationship with your brothers and sisters?"

"Your relationship with your friends?"

"Your privacy?"

"Your relationship with your mother?"

Responses were rated on a 3-point scale (with 1 - "it is now better", 2 = "it is no different" and 3 = "it is now worse"), and a negative impact summary score was determined by counting the number of areas in which the response was "it is now worse".

Also derived was a measure of difficulty of caretaking, determined by respondent's rating (on a 7-point scale from 1 = "not at all difficult" to 7 = "very difficult") as to how difficult is was or would be for them to:

"Take (Mother) to the places she needs to go to, such as the doctor, shopping, visiting friends"

"Go out to dinner, to the movies, or to other social functions with her"

"Help her with personal care, like dressing and bathing"

"Manage her finances or legal affairs"

"Share personal thoughts and feelings with her"

"Let her know you love her"

"Buy her groceries or other things she needs"

"Make household repairs for her"

"Prepare her meals"

"Shop or run errands for her"

"Help provide money for her living expenses"

"Care for her when she is ill"

"Deal with businesses, persons or agencies for her"

"Help with things around the house, like cleaning and laundry"

"Give her money"

"Help her make decisions"

"Celebrate holidays and special occasions with her"

"Keep in close contact with her"

"Make her feel useful and important"

"Show her you care"

A summary index of difficulty was obtained simply by adding the scores on all items.

In addition, responses on the Familism Scale developed by Cantor (1976) were summed to measure attitudes toward familism--the preference to turn to kin rather than to friends, neighbors or governmental agencies for satisfaction of material and/or emotional needs. The self-administered instrument was designed using a multi-ethnic elderly population and has an overall reliability coefficient of .68 (Bengston and Schrader, 1982). In a somewhat related vein, respondents were asked how satisfied they are with the quality of contact they have with their mother. Responses were based upon a 7-point scale, with 1 = "extemely dissatisfied" and 7 = "extremely satisfied".

A fourth set of variables concerned the extent of their social support system. Respondents were asked the number of living siblings they had, the number of individuals (besides themselves) who help respondent's mother, and the number of hours per week these people spend helping her. Finally, they were asked, "Who does your mother call upon most often when she needs help?"; responses were categorized as "respondent" and "not respondent".

Filial Behavior. Respondents were also questioned about various aspects of their filial behavior. They were asked a number of questions described previously in the section regarding the difficulty of caring for their mother. However, this time they were asked to indicate their level of filial behavior by indicating how frequently

(based upon an 8-point scale from 1 = "never" to 8 = "daily") they performed each of the activities. A summary index of filial behavior was then derived simply by summing the ratings on each item. Next, children were asked to indicate whether each activity was performed "on a regular basis or only on special occasions or emergencies". A summary index for regular filial behavior was obtained by counting the number of activities performed on a regular basis; a summary index for special or emergency filial behavior was derived in a similar manner.

Respondents were also asked how often they think they should help their mother with each of the same filial activities, based upon a 3-point scale, where 1 = "less often than I do", 2 = "as often as I do", and 3 = "more often than I do". A summary index of children's expectation-behavior gap was determined by summing the ratings for each item. Children were also asked to indicate how often their mother thinks they should help with each of these same activities. The items were scored using the same 3-point scale as above. A summary index of mother's expectation-behavior gap was then computed through the same summation procedure. Finally, a children's expectation-mother expectation gap was computed by subtracting the mother's expectation-behavior summary score from the children's expectation-behavior gap summary score.

Results

A two-stage approach to analysis was utilized. To initially identify and keep separate those groups of variables which describe the mother's background, the child's background and filial behavior/expectations, separate multiple regression analyses were conducted. Then, all of the variables found to explain a significant portion of the variance in the three separate regressions were included in the final analysis. Specifically, first a stepwise multiple regression analysis was conducted where the dependent variable, Filial Crisis, was regressed on the Mother's Backgound variables alone. Only those variables whose F-to-enter was $\geq$ 4.0 and which explained at least 1% of the variance in the dependent variable were considered sig-

nificant predictors. As indicated in Table 3, only 5 of the mother's background variables met these criteria: mother's emotional health, overall assessment of mother's physical health, whether mother lived with the respondent, the number of years mother had been widowed, and whether or not mother had experienced a serious illness in the last year.

Insert Table 3 about here

Then, Filial Crisis was regressed upon the Child's Background variables alone. As shown in Table 3, the only child background variables to emerge as significant were: satisfaction with quality of contact with mother, number of areas negatively impacted by caretaking, being an only child, being Jewish, attitudes toward familism, travel time to mother's home, and total difficulty of performing filial behaviors.

Next, another stepwise multiple regression analysis was performed with the dependent variable being regressed upon the various Filial Behavior variables alone. As indicated in Table 3, the only significant variables emerging in this analysis were mother's expectation-behavior gap and child's expectation-mother's expectation behavior gap.

A final analysis was performed using only those variables determined as significant in previous analyses. A total of nine variables entered the equation and accounted for 52% of the variance in the dependent variable. Results, as summarized in Table 4, indicate the overwhelming importance of the variable, satisfaction with quality of contact, in predicting Filial Crisis. It alone explained nearly 35% of the variance in Filial Crisis.

Insert Table 4 about here

Discussion

The findings of this study indicate that Filial Crisis (increased intergenerational tension and strain and decreased intrafamilial intimacy) between elderly widows and their children, as perceived by their children, is primarily a function of the quality of parent-child contact. While deficiencies in a parent's emotional and/or physical health, and the impact of caretaking upon aspects of the child's own life are factors as well, their impact upon Filial Crisis is comparatively minimal.

Surprisingly, certain factors hypothesized as contributory to Filial Crisis were not found to appreciably affect its occurrence. For example, mother's age and financial status, did not appear to affect parent-child relationships. Furthermore, the impact of the mother's status variables upon Filial Crisis were greatly lessened in the final analysis, possibly because parent-child contact of "high quality" can offset the strains imposed by a mother's ill health, mental impairment, residence with child or length of widowhood.

Furthermore, crises in mature parent-adult child, relationships appear to be largely unrelated to characteristics of the child, such as his/her sex, marital status, employment, health or financial status, birth order or family composition. In addition, the actual amount or frequency of filial behaviors performed for the mother appears to be of less relevance to Filial Crisis than does the number of areas in the child's own life which are adversely affected by the performance of caretaking activities.

The findings of this study are valuable in identifying both populations at risk and points of intervention for the improvement of disturbed adult parent-child relationships. First, as shown in Tables 3 and 4, Filial Crisis is most likely to occur among only children, among Jews, and among those children who live near or with their elderly widowed mothers. Filial Crisis is also most apt to be experienced by those children whose mothers are in poor physical and emotional health, and who do not maintain a familistic orientation--i.e., accept the responsibility of family members to care for one another.

Second, the results also suggest that efforts directed toward reducing the negative impact of caretaking upon the lives of caretakers could prove fruitful. The provision of a greater variety of supportive services (e.g. transportation, escort, meal preparation, and personal care services), and the organization of self-help groups for the children of the elderly could help to both prevent and reduce the extent of Filial Crisis by reducing the number of areas in the child's life which are negatively impacted.

However, it seems apparent that the greatest contributor by far to Filial Crisis is unsatisfying contact between the parent and child. Pearson Product Moment Correlations computed independently revealed that to a certain extent, the quality of contact may be associated with characteristics of mother and child, such as mother's emotional health (r_o = .38), mother's physical health (r_o = .05), and child's physical health (r_o = .07). Still, it seems more likely that the quality of parent-child contact can be improved by increasing the effectiveness of intergenerational communitation and clarifying or modifying expectations concerning filial responsibility and behavior. In fact, Pearson Product Moment Correlations indicate an association between "satisfaction with quality of contact" and "mother's expectation-behavior gap" (r_o = .31), and "child's expectation-mother's expectation behavior gap" (r_o = .23). Thus, the more a child's behavior conforms to parental expectations, and a mother and child hold similar expectations of filial behavior, the more the child will perceive parent-child contact as satisfying. Professionals working with the elderly and their offspring, therefore, should devote time to developing communication skills which will enable family members to convey their thoughts and feelings clearly and to understand and appreciate the messages communicated by others. Time should also be spent exploring both parental and filial expectations concerning appropriate and necessary filial behavior, and difficulties experienced in the performance of filial activities.

For, as indicated in Table 3, child's expectation-mother's expectation behavior gap is inversely associated with Filial Crisis (r_o = -.27). Thus, the more the mother's filial expectations exceed those of her child, the greater the likelihood that Filial Crisis will occur. Moreover, the association between mother's expectation-behavior gap and Filial Crisis (r_o = .31) is demonstrated as well, suggesting that Filial Crisis is also more apt to occur when children perceive their parents as expecting a greater level of filial performance than they in fact provide.

Obviously no conclusions can be drawn from these findings concerning parental perceptions of contributions to strained intergenerational relationships. However, results of an earlier study (Houser and Berkman, 1982) indicate that perceived quality of contact is a major factor in predicting satisfaction with filial relationships (R^2 = .336). Whether these associations and those detected in the current study will be found among the general population remains to be seen. However, future analyses will be undertaken to further explore the positive and negative consequences of caretaking as experienced by the "sandwich generation".

REFERENCES

Adams, B.N. Isolation, function, and beyond: American kinship in the 1960's. Journal of Marriage and the Family, 1970, 32, 575-579.

Arling, G. The elderly widow and her family, neighbors, and friends. Journal of Marriage and the Family, 1976, 38, 757-568.

Bellak, L. and Karasu, T.B. Geriatric psychiatry: A handbook for psychiatrists and primary care physicians. N.Y.: Grune and Stratton, 1976.

Bengston, V. and Schrader, S.S. Parent-child relations: The measurement of intergenerational interaction and affect in old age. In W.A. Peterson and D.J. Mangen (Eds.), Research instruments in social gerontology. Minneapolis, University of Minnesota Press, 1982.

Blenker, M. Social work and family relationships with some thoughts on filial maturity. In M.E. Shanas and G. Streib (Eds.), Social structure and the family. Englewood Cliffs: Prentice-Hall, 1965.

Brody, E.M. "Women in the middle" and family help to older people. Aging, 1981, 21, 471-479.

Cantor, M.H. Caring for the frail elderly: Impact on family, friends and neighbors. Paper presented at the 33rd Annual Meeting of the Gerontological Society of America, San Diego, 1980.

Cicirelli, V.G. Personal strains and negative feelings in adult children's relationships with elderly parents. Paper presented at the 33rd Annual Meeting of the Gerontological Society of America, San Diego, 1980.

Cicirelli, V.G. Adult children's attachment and helping behavior to elderly parents: A path model. Paper presented at the 34th Annual Meeting of the Gerontological Society of America, Toronto, 1981.

Dahlstrom W.G. and Dahlstrom, L. Basic readings on the MMPI. Minneapolis: University of Minnesota Press, 1980

Dinkle, R.M. Attitudes of children toward supporting aged parents. American Supporting Review, 1944, 9, 370-379.

Dowd, J.J. Aging as exchange: A preface to theory. Journal of Gerontology, 1975, 30, 584-594.

Edwards, A.L. The social desirability variable in personality assessment and research. New York: Holt, 1957.

Glasser, P.H. and Glasser, L.N. Role reversal and conflict between aged parents and their children. Marriage and Family Living, 1962, 24, 46-51.

Gray, R. and Smith, T. Effect of employment on sex difference in attitude toward the parental family. Marriage and Family Living, 1960, 22, 36-38.

Hirschfield, I.S. and Dennis, H. Perspectives. In P. Regan (Ed.), Aging parents. Los Angeles: University of Southern California Press, 1979.

Houser, B.B. and Berkman, S.L. Aging parent-mature child relationships. Under review by Journal of Gerontology, 1982.

Johnson, C.L. Impediments to family supports to dependent elderly: An analysis of the primary caregivers. Paper presented at the 32nd Annual Meeting of the Gerontological Society of America, Washington, D.C., 1979.

Johnson, E.S. and Spense, D.L. Adult children and their aging parents: An intervention program. Family Relations, 1982, 31, 115-122.

Lopata, H.Z. Widowhood in an American city. Cambridge, Mass: Schenkman, 1973.

Lopata, H.Z. Contributions of extended families to the support systems of metropolitan area widows: Limitations of the modified kin network. Journal of Marriage and the Family, 1978, 40, 355-364.

Marks, P.A., Seeman, W. and Haller, D.L. The actuarial use of the MMPI with adolescents and adults. Baltimore: The Williams and Wilkins Company, 1974.

Mattessich, P.W. and Mederer, H.J. Family interaction and perception of need among the elderly and their children. Paper presented at the 33rd Annual Meeting of the Gerontological Society of America, San Diego, 1980.

Miller, D.A. The 'sandwich' generation: Adult children of the aging. Social Work, 1981, 26, 419-423.

Myllyluoma, J. and Soldo, B. Family caregivers to the elderly: Who are they? Paper presented at the 33rd Annual Meeting of the Gerontological Society of America, San Diego, 1980.

Nardi, P.M. Response set and self-report questionnaires: The bogus pipeline paradigm. Paper presented at the 71st Annual Meeting of the American Sociological Association, New York, 1976.

Neugarten, B.L. and Maddox, G.L. Our future selves: A research plan toward understanding aging. DHEW Publ. No. (NIH) 78-1444, 1978

Rosow, I. and Brelau, N. A Guttman health scale for the aged. Journal of Gerontology, 1966, 21, 556-557.

Seelbach, W.C. Correlates of aged parents' filial responsibility, expectations and realizations. The Family Coordinator, 1978, 27, 341-350.

Shanas, E. The health of older people: A social survey. Cambridge, Mass.: Harvard University Press, 1962.

Shanas, E. The family as a social support system in old age. The Gerontologist, 1979, 19, 169-174.

Sharp, C.A. and Matheson, R.L. The aging mother-adult daughter relationship: Power, boundary, differentiation, and tension. Paper presented at the 33rd Annual Meeting of the Gerontological Society of America, San Diego, 1980.

Silverstone, B. and Hyman, H.K. You and your aging parent: The modern family's guide to emotional, physical, and financial problems. N.Y.: Pantheon Books. 1976.

Simos, B.G. Adult children and their aging parents. Social Work, 1973, 18, 78-85.

Stryker, S. The adjustment of married offspring to their parents. American Sociological Review, 1955, 20, 149-155.

Swenson, W.M., Pearson, J.S. and Osborne, D. An MMPI source book. Minneapolis: University of Minnesota Press, 1973.

Taylor, J.B. What do attitude scales measure: The problem of social desirability. Journal of Abnormal Social Psychology, 1961, 62, 386-390.

Townsend, P. Welfare services and the family. In E. Shanas, P. Townsend, D. Wedderburn, H. Friis, P. Milhøj and J. Stehouwer (Eds.), Old people in three industrial societies. New York: Atherton Press, 1968.

Wake, S.B. and Sporakowski, M.G. An intergenerational comparison of attitudes toward supporting aged parents. Journal of Marriage and the Family. 34, 42-48.

Wilen, J.B. Changing relationships among grandparents, parents, and their young children. Paper presented at the Annual Meeting of the Gerontolotical Society, Washington, D.C., 1979

Zarit, S., Reever, K. and Bach-Peterson, J. Relatives of the impaired elderly: Correlates of feelings of burden. The Gerontologist, 1980, 20, 649-655.

TABLE 1

Birth Order	Sex: Male		Sex: Female		Total	
First-born	79	(31%)	80	(28%)	159	(29%)
Middle	58	(23%)	67	(24%)	125	(23%)
Last-born	77	(30%)	85	(30%)	162	(30%)
Only	42	(16%)	52	(18%)	94	(17%)
Total	256	(47%)	284	(53%)	540	

TABLE 2

Items used on Filial Crisis Measures

Item	Origin	Loading on Principal Component
There seems to be a wall between us	MOPAC	.543
She criticizes me when I don't deserve it	"	.544
I don't have the warm feeling for her that I do for others	"	.537
I wouldn't particularly care to be like her	"	.582
Being with her gives me a warm feeling	"	.587
I often feel upset after I'm with her	"	.632
We have little in common	"	.584
I feel my mother makes requests which I perceive to be over & above what she needs	BURDEN	.592
I feel stressed between trying to give to my mother as well as to other family responsibilities, job, etc.	"	.500
I feel embarrassed over my mother's behavior	"	.592
I feel guilty about my interactions with my mother	"	.610
I feel angry about my interactions with my mother	"	.720
I feel nervous or depressed about my interactions with my mother	"	.670
I feel that my mother has a negative effect on my relations with other family members & friends	"	.714
I feel resentful about my interactions with my mother	"	.750
I feel pleased about my interactions with my mother	"	.543
My interactions with my mother are strained	"	.764
I wish that my mother and I had a better relationship	"	.613
I feel that my mother doesn't appreciate what I do for her as much as I would like	"	.552
I feel that my mother tries to manipulate me	"	.658
I feel that my mother seems to expect me to take care of her as if I were the only one she could depend on	"	.541

TABLE 3

Regression of Filial Crisis on Mother's Status Variables

Variable	r_o	Beta	R^2
Mother's emotional health	-.469	-.544	.220
(Overall assessment of) Mother's physical health [a]	-.005	.248	.042
Mother lives with respondent [b]	.092	.152	.011
Number of years widowed	.104	.105	.010
Had serious illness in last year [c]	.067	.112	.008
R^2 =			.310

Regression of Filial Crisis on Child's Status Variables

Variable			
Satisfaction with quality of conduct	-.592	-.483	.351
Number of areas negatively impacted	.396	.247	.078
Only child [b]	.211	.135	.018
Jewish	.168	.077	.007
Familism	-.145	-.079	.007
Travel time to mother	-.133	-.135	.005
Difficulty of filial behaviors	.171	.111	.008
R^2 =			.473

Regression of Filial Crisis on Filial Behavior Variables

Variable			
Mother's expectations-behavior gap	.306	.239	.094
Child's expectation-Mother's expectation Behavior gap	-.271	-.125	.011
R^2 =			.105

[a] scores were transformed by squaring to normalize the negatively skewed distribution

[b] coded 0 = "no", 1 = "yes"

[c] coded 1 = "yes", 2 = "no"

TABLE 4

Regression of Filial Crisis on Selected Variables

Satisfaction with quality contact	-.590	-.399	.349
Number of areas negatively impacted	.340	.203	.073
Mother's emotional health	-.453	-.250	.039
(Overall Assessment of) Mother's physical health	-.038	.140	.018
Only child [a]	.216	.111	.014
Child's expectations-mother's expectations behavior gap	-.300	-.053	.011
Familism	-.165	-.097	.007
Travel time to mother	-.131	-.098	.006
Mother's expectations-behavior gap	.337	.094	.005
R^2 =			.522

[a] coded 0 = "no" 1 = "yes"